#### FOR INSTRUCTIONS, SEE BACK OF FORM

#### DISCLOSURE SUMMARY PAGE

File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Candidate Name

Effective January 1, 2010, all statements and reports filed by new committees A ETHICS AND for state office must be filed electronically and effective January 1, 2012, all AIGN DISCLOSURE BU electronically.

Effective May 1, 2010, all statements and reports for State PACs and State OCT 24

AM 10: 25

Reset Form COMMITTEE NAME (Must be same as on Statement of Organization) Craig Merrill for Supervisor FORM IMPORTANT: Indicate by # type of committee you are reporting for: DR-2 (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party DISCLOSURE (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC ( (Rev. 12/2009) REPORT For Office Use Only CANDIDATE COMMITTEES ONLY: Comm. # Logged In Political Party (if applicable) Scanned

| Craig Merrill   | Republican                         |                      | Scanned T  |
|---|------------------------------------|----------------------|--|
| Office Sought<br>Palo Alto Coounty Supervisor   | District (if Senate or House)      |                      | ComputerAudited  |
| Late reports are subject to possible civil and criminal penalties. candidate's committee, and the chairperson, for any other type                                 | and responsible                    | (7) and 6 for filing | 68A.401(3), the candidate, for a timely and accurate reports.  |
| SIGNATURE OF PERSON FILING REPORT   | 7/2-852-908<br>TELEPHONE           | 4 _                  | 10 · 17 - 14   |
| AM FILING A 10-14-14  | PEDODI FOR (4) TI TI               | the Indoor           |  |
| (report date)   | REPORT FOR (1) ELECTION            |                      | I-ELECTION YEAR.   |
| CHECK IF AMENDMENT TO REPORT DATED 10-2   | 24_14 Indicate by #                |                      | mmittee  |
| Check if this is final (termination) report and attach Notice (You must continue to file reports until a DR-3 is file   | e of Dissolution Form DR-3.        | Novemb<br>County &   | nmittees, enter Date of Election<br>per 4, 2014<br>Local Committees, enter County in<br>ction is held          |
| STATEMENT OF CASH ON HAM  | D                                  |                      | To the same of |
| cash on hand at the beginning of the reporting period. (To committee. This amount MUST be the same as the of the last reporting period or must be zero if this is |                                    | \$                   | 0.00   |
| ADD TOTAL MONEY TAKEN IN THIS PERIOD  |                                    |                      |  |
| Schedule F: Loans Bassing Market Sche   | dule A) (*also see in-kind below)  |                      | 100.00   |
| Schedule F: Loans Received total (Attach Schedule Schedule H: Total Sales of Company)   | e F)                               |                      |  |
| Schedule H. Total Sales of Campaign Property (Att   | ach Schedule H)                    |                      |  |
| (Schedule H applies to Candidates' Com  | mittees Only)                      |                      |  |
| SUBTRACT TOTAL MONEY SPENT THIS PERIOR  | SUB-TOTAL                          |                      | 100.00   |
| Schedule B: Expenditures total (Attach Schedule B   | (**also see debts and loans below) |                      | 89.15  |
| Solicular F. Loan Repayments total (Attach Schedu   | ule F)                             |                      |  |
| ASH ON HAND at the end of this reporting period (if final re  | port balance must be zero)         | e                    | 10.85  |
| UNPAID BILLS (From Schedule D - Attach Schedule D)  |                                    | ri) and bearing      | 10000  |
| From Schedule E - Attach Sche   | dulo E)                            |                      | 0.00   |
| ( Total Schedule F - Attach Schedu  | de F)                              | \$                   | 364.31   |
| (Schedule G Attached?)  | ,                                  | \$                   | 0.00   |
| INDIDATE COMMITTEES ONLY:   |                                    |                      | YES X NO   |
| LUE OF CAMPAIGN PROPERTY (From Schedule H - Atta  | ch Schedule H)                     |                      | 0.00   |
| ATE COMMITTEES. Submit a reconsided compaign account  | at hank statement in I             | \$                   | V.VV   |
|   | in lanuary of each w               | 200                  |  |

## For Instructions, See Back of Form

### CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

| Reset Form | SCHEDULE     |                              |
|------------|--------------|------------------------------|
|            | (Rev. 12/13) | MONETARY<br>RECEIPTS         |
|            | CHEC         | CK THIS BOX IF<br>NDING FORM |

COMMITTEE NAME (Must be same as on Statement of Organization) Craig Merrill for Supervior

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE). LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any

| RECEIVED<br>(MM/DD/YR) | PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER ID# 9150 | NAME AND ADDRESS OF CONTRIBUTOR   | RELATIONSHIP<br>TO CANDIDATE*<br>(if applicable) | AMOUNT<br>RECEIVED | √ IF<br>FUNE<br>RAISE |
|------------------------|---|---|--|--------------------|-----------------------|
| 10-7-14                | CK# 1115  | Republican Central Committee 4860 3907h STree 1 Emmersbyry IA 50536   |  | \$100              | INCOM                 |
|                        | ID#   | 50536   |  |                    |                       |
|                        | CK#   |   |  |                    |                       |
|                        | CK#   |   |  |                    |                       |
|                        | ID#   |   |  |                    |                       |
|                        | CK#   |   |  |                    |                       |
|                        | ID#<br>CK#  |   |  |                    |                       |
|                        | ID#   |   |  |                    |                       |
|                        | CK#   |   |  |                    |                       |
|                        | ID#   |   |  |                    |                       |
|                        | CK#   |   |  |                    |                       |
|                        | ID#   |   |  |                    |                       |
|                        | CK#   |   |  |                    |                       |
|                        | ID#   |   |  |                    |                       |
|                        | CK#   |   |  |                    |                       |
|                        | D#  |   |  |                    |                       |
|                        | CK#   |   |  |                    |                       |
|                        |   |   | SUB-TOTAL  |                    |                       |
|                        |   | TOTAL (if last page of disclose the relationship of any relative making a contribution of degree of consanguinity (blood relatives) and efficient | of this schedule)                                |                    |                       |

committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no 11. - O-L - J 1

Page \_ familial relationship,

Reset Form

# EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA

| SCHEDULE<br>B<br>(Rev. 07/03) | MONETARY<br>EXPENDITURES     |
|-------------------------------|------------------------------|
| CHEC AME                      | CK THIS BOX IF<br>NDING FORM |

| COMMITTEE NAME (Must be same as of | on Statement of Organia |
|------------------------------------|-------------------------|
| Craig Merrill for Supervisor       | or Organization)        |

| DATE<br>EXPENDED<br>(MM/DD/YR) | CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS TO WHOM<br>EXPENDITURE<br>(Disbursement) WAS MADE | PURPOSE<br>(DESCRIBE TRANSACTION)    | AMOUNT<br>EXPENDED |
|--------------------------------|--|--|--------------------------------------|--------------------|
| 9-13-14                        | ID#<br>CK#   |  |                                      |                    |
| 0-7-14                         | ID#<br>CK# <sub>14032</sub>                              | The Print Shop<br>2104 Main ST<br>EmmeTsburg, IA 50536             | Political cards/brochures            | 89.15              |
|                                | ID#<br>CK#   |  |                                      | 07.13              |
| 1                              | ID#<br>CK#   |  |                                      |                    |
|                                | ID#<br>CK#   |  |                                      |                    |
|                                | ID#  |  |                                      |                    |
|                                | D#   |  |                                      |                    |
| 10                             | D#   |  |                                      |                    |
|                                | /N#  |  | SUB-TOTAL                            |                    |
| S BOY APPLI                    |  | 1  | OTAL (if last page of this schedule) | \$ 453.46          |

| THIS | ВОХ | APPLIES | TO CANDIDATES' COMMITTE | ES ONLY: |
|------|-----|---------|-------------------------|----------|
|      |     |         |                         |          |

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to

| Page | of |  |
|------|----|--|
|------|----|--|

| FOR INSTRUCTIONS, SEE BACK OF FORM   |  |
|--|--|
| COMMITTEE NAME (Must be same as on Statement of Organization) Craig Merrill for Supervisor | SCHEDULE  E IN-KIND (Rev. 06/97) CONTRIBUTIONS |
| Res  | CHECK THIS BOX IF AMENDING FORM                |

| DATE<br>RECEIVED<br>(MM/DD/YR) | NAME AND ADDRESS<br>OF CONTRIBUTOR                      | RELATIONSHIP<br>TO CANDIDATE<br>* (if applicable) | DESCRIPTION OF IN KIND CONTRIBUTION              | ESTIMATED<br>FAIR MARKET<br>VALUE |              |
|--------------------------------|---|---|--|-----------------------------------|--------------|
| 9/13/14                        | Craig Merrill<br>105 N Superior<br>Emmetsburg, IA 50536 | self  | yard signs                                       | \$ 364.31                         | CONTRIBUTION |
|                                |   |   |  |                                   |              |
|                                |   |   |  |                                   |              |
|                                |   |   |  |                                   |              |
|                                |   |   |  |                                   |              |
|                                |   |   |  |                                   |              |
|                                |   |   |  |                                   |              |
|                                |   |   |  |                                   |              |
|                                |   |   |  |                                   |              |
|                                |   |   |  |                                   |              |
|                                |   |   | SUB-TOTAL  TOTAL (if last page of this schedule) | \$ 364.31                         |              |

Page \_\_\_\_\_of \_\_\_ (for Schedule E)

<sup>\*</sup>Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.